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ONE-HUNDREDTH ANNUAL REPORT

OF THE

South Carolina State Hospital



FOR THE YEAR 1923

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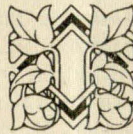
STATE DOCUMENTS

COLUMBIA, S. C.
GONZALES AND BRYAN, STATE PRINTERS,
1924

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OF THE

South Carolina State Hospital



FOR THE YEAR 1923

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OFFICERS OF THE HOSPITAL

BOARD OF REGENTS

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CHRISTIE BENET	Columbia
F. H. McLEOD, M. D.	Florence
A. W. REYNOLDS	Aiken
J. E. SIRRINE	Greenville

MEDICAL STAFF

C. F. WILLIAMS, M. D.

Superintendent

E. L. HORGER, M. D.

Medical Director

R. H. FOLK, M. D.

Senior Assistant Physician and Pathologist

H. A. McELROY, M. D.

Senior Assistant Physician, State Park

J. M. BEELER, M. D.

Senior Assistant Physician

J. E. BOONE, M. D.

COYT HAM, M. D.

G. B. CARRIGAN, M. D.

W. E. SAYE, M. D.

Assistant Physicians

CATHERINE MUNRO, M. D.

Woman Physician

E. G. BUMGARDNER, D. D. S.

Dentist

H. C. ALLISON

Roentgenologist

E. R. HARRIS

Druggist

E. M. WHALEY, M. D.

Consultant Eye, Ear, Nose and Throat

FREDERICK H. DIETERICH, M. D.

Professor Pathology, Medical College, S. C., Consulting Pathologist

GEORGE BENET, M. D.

GEORGE H. BUNCH, M. D.

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JULIUS H. TAYLOR, M. D.

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J. RICHARD ALLISON, M. D.

Consulting Dermatologist

H. T. PATTERSON

Treasurer-Secretary of the Board

REV. J. C. ABNEY

Chaplain

REPORT OF THE REGENTS

Columbia, S. C., January 1, 1924.

To His Excellency, Thomas G. McLeod, Governor of South Carolina:

In compliance with the statutes the Board of Regents of the South Carolina State Hospital respectfully submits its report for the year 1923.

NUMBER OF PERSONS UNDER CARE OF THE BOARD.

By reference to the statistical tabulation of the Superintendent's report, it will be seen that the number of persons in the hospital on December 31, 1922 including those on parole was

2649

The admissions for the year have been 890

The total number under treatment during the year was. .3539

The daily average number was 2425, and the number in the hospital on December 31, 1923 including those on parole was 2702, an increase of 53 patients.

Your attention is called to the fact that 309 patients died during the year, and that there were discharged from the books in addition there to, 528, classified as follows:

As Recovered	196
As Improved	202
As Unimproved	17
As Without Psychosis	44
Transferred to State Training School, Clinton, S. C.	69

We point with satisfaction to the recoveries and to the improved cases, as that, after all, is the ultimate goal to which all effort in the hospital is directed.

In the report for 1922, the following statement was made:

"The Board has, in several previous reports, called attention to the over-crowded and unsanitary conditions of the quarters for negroes, particularly the negro male quarters, and sought relief from these conditions. In last year's report it was pointed

out that unless relief could be had, it would be necessary for the Board to instruct the Superintendent to refuse admissions, as further over-crowding would be inhumane. Many admissions have had to be refused, but the hospital has tried to take care of all emergencies in order that no insane person would have to be cared for in the county jails. Attention was called to the fact last year that the quarters for white men were rapidly approaching the maximum capacity and that provision would have to be made for them. During the year, admissions for a number of white men had to be refused on account of not having room for them. If the hospital is to meet the demands constantly being made upon it, additional buildings will have to be provided.

"It has been the policy of the Board since the remodeling of the plant in Columbia was started, to ultimately segregate the colored people at State Park. This is deemed advisable from an economical point of view as well as the desirability of having the races separated. The Board fully realizes the financial conditions confronting the State at this time, but it should be remembered that these conditions unfortunately bring about increased mental sickness, and, if the State is to do its part, provision must be made for their care, not only as an act of charity towards the mentally sick persons themselves, but as a protection to the community in which they reside. If it could be found feasible and practicable by a bond issue or otherwise to provide the necessary funds to meet the requirements of the hospital at this time, the Board feels that money could be saved, rather than by building in piece-meal as we will from now on be required to do. If funds for a building for colored men could be provided, this year, it would not relieve the condition of the over-crowded quarters for white men, but on the other hand, if buildings could be provided and all negro men sent to State Park, a part of the quarters now occupied by them could be rebuilt for white men and added to as time would demand.

Other urgent needs of the hospital are specially equipped buildings for both white and colored races for the criminal insane. Since the revision of the laws in 1920, the hospital is frequently called upon to receive criminals and hold them for the purpose of observation until their mental status can be determined. We have no special buildings for the care of these people and the Board feels that the hospital management should not be

held responsible for the safety of these people, unless they are provided with secure buildings in which to hold them. It is further felt that it is not just to the other patients to require them to occupy the same quarters with the worst type of the criminal insane."

We again call this to your attention, and to the attention of the Legislature. At the 1922 session the Legislature gave \$150,000.00, \$100,000.00 of which had to be borrowed from the Sinking Fund, and will have to be returned this year, for construction work. With this money the Board is now building at State Park a building for negro men. This building, while simple in design, is modern in matters of sanitation, and is as near fireproof as the Board can make it.

We cannot urge too strongly the appropriation of at least \$150,000.00 more this year, in order that we may continue the development of State Park, as the number of patients in the hospital both white and colored, is steadily on the increase, due to two causes:

1. The reduction of the death rate, due to the better treatment and care which the inmates are now receiving.
2. Due to the appreciation in the State, of the fact that patients in the hospital receive humane, scientific and constant care and attention.

HOSPITAL CONDITIONS DURING 1923.

Once again we are gratified to be able to report that the general health at the hospital during the year has been excellent. There have been no epidemics, and a study of the mortality tables show that a large proportion of the deaths were of senile cases, or of persons who were in serious physical condition when reaching the hospital.

The death rate for the year is 8.7% which is extremely low, considering the class of patients received. The detailed table showing the facts about the cause of deaths is most interesting and your attention is particularly called thereto.

COST OF OPERATION.

For 1923 the per capita cost was \$ 0.7880 per day. This is \$.0562 higher than in 1922, and the difference, while not large, is due to the increased cost of certain supplies.

Sales of produce from the farms and dairy amounted to Two Thousand, One Hundred and Thirty-six Dollars and Forty Cents (\$2,136.40) and from the Occupational Department Nine Hundred and Thirty Nine Dollars and Eighty Four Cents (\$939.84). The income from pay patients was Sixteen Thousand, Nine Hundred and Eighty Nine Dollars and Seventeen Cents (\$16,989.17). Once again we were able to live within our appropriation.

The Treasurer's report shows a balance on hand, in addition to the Twenty Five Thousand Dollar (\$25,000.00) revolving fund, of Eleven Thousand, Five Hundred and Seventy Four Dollars and Two Cents (\$11,574.02). As we have heretofore explained, this sum was accumulated during the year by the sale of groceries to employees uniforms to nurses and attendants, books to students, etc. This amount will be consumed in paying for supplies and equipment purchased and contracts entered into in 1923.

FARM OPERATIONS.

The Board requires a strict set of books to be kept against each farm. We had a very good farming year and are glad to report that the result of the year's operations were as follows:

Balance in favor of Columbia farm	\$ 7303.37
Balance in favor of Pell farm	2996.31
Balance in favor of Moore farm	5387.65
Total balance in favor of farming operations	\$15,687.33

Our dairy herd continues to improve. We have passed our last tuberculin test, and have been placed on the accredited list of herds by the U. S. Department of Agriculture. This means that over a period of time the herd has been examined and has been found free of tuberculosis, and it gives the herd a standing with persons who wish to buy breeding stock. Unfortunately, there has been no demand for young bulls, and we have again traded a number of them for beef. There is no question but that this results in a gain to the animal industry of the State, by the distribution of these pure bred animals.

In addition to our dairy operations we have during the year bought beef cattle, fattened them and slaughtered them and used the beef in the hospital. We find this gives a very fine quality of beef and at the same time enables us to feed our surplus silage and gives us a large supply of manure. The whole operation is very profitable.

On the entire year's operation the dairy shows a profit of Four Thousand Nine Hundred and Fifty One Dollars and Twenty Eight Cents (\$4,951.28).

BUDGET FOR 1923.

Based on the average population for the first eight months of 1923 we have prepared and submitted the following budget:

Maintenance	\$693,223.24
Hospital Dairy	22,488.92
Columbia Farm	9,779.60
Moore Farm	6,643.96
Pell Farm	8,769.53
Permanent Improvements	166,870.00
Total	<hr/> \$907,775.25

The item of One Hundred Thousand Dollars (\$100,000.00) provided in last year's appropriation to be available this year does not appear in the foregoing figures. This amount was spent in 1923 or is under contract for the erection of the building at State Park.

The item of One Hundred and Sixty Six Thousand, Eight Hundred and Seventy Dollars (\$166,870.00) appearing in the budget for permanent improvements is requested in order that One Hundred and Fifty Thousand Dollars (\$150,000.00) may be applied to continue the program of development to provide for the transfer of the negroes to State Park. Once more we wish to say that this development is imperative and should not be further postponed.

The request for Sixteen Thousand Eight Hundred and Seventy Dollars (\$16,870.00) is for the purpose of placing the overhead sprinkler system in the attics of all buildings, thereby reducing the fire hazard which is a source of constant thought to the Board, the officers and the employees of the hospital.

CONCLUSION.

During the year the Board had most satisfactory dealings with the other State Departments and Officers, for which it expresses its thanks, and also wishes to express its appreciation

of the morale, and high tone of the nurses, attendants and employees of the hospital, and to thank each and every one and particularly the superintendent and doctors for their efforts in behalf of the patients in the institution.

Respectfully submitted,

R. B. SCARBOROUGH, Chairman,
CHRISTIE BENET,
F. H. McLEOD, M. D.,
A. W. REYNOLDS,
J. E. SIRRINE.

Board of Regents, South Carolina State Hospital.

REPORT OF THE SUPERINTENDENT

Columbia, S. C., January 1, 1924.

To The Board of Regents of the South Carolina State Hospital.

Gentlemen :

In accordance with your requirements, the report of the Superintendent for the year ending Dec. 31, 1923 is herewith respectfully submitted.

This is the one hundredth annual report of the hospital since the laying of the corner stone, July 22, 1822, of the original structure, The South Carolina Lunatic Asylum, now called the Old Building. It would seem appropriate at this point to call attention to some of the early history of the hospital which heretofore has not been recorded in any of its reports.

The Act authorizing its establishment was passed by the General Assembly on December 21, 1821. It empowered a commission of seven men, consisting of Gov. Thomas Bennett, John L. Wilson, (next governor), Elias Horry, Dr. Edward Fisher, Thomas Taylor, Jr., Dr. James Davis (subsequently first physician to the Asylum) and the Intendant of Charleston to draw from the State Treasury \$30,000 for the purchase of a site and the erection of buildings of brick or stone as an asylum for lunatics and school for the deaf, dumb and blind. The project for this school was soon eliminated. An inquiry by the commission brought to light the existence of sixty-five lunatics in the State.

The following account of the laying of the corner stone, published in the Courier of Aug. 3, 1822, was given to me by the late Dr. J. W. Babcock, Superintendent of the hospital from 1891 to 1914.

The Courier
Aug. 3, 1822.

LUNATIC ASYLUM AND SCHOOL FOR THE DEAF AND DUMB.

The Commissioners for building a Lunatic Asylum and school for the Deaf and Dumb have made considerable progress in pre-

liminary arrangements, and the work is expected to be executed with as much despatch as may be consistent with good execution.

On the 22nd. ult. the Corner Stone of the Lunatic Asylum was laid in ancient form by Chapman Levy, Worshipful Master of Columbia Lodge No. 39, together with members who composed that Body, and whose aid had been requested on the occasion.

The members of the Masonic Body, the Commissioners of the Building and the Architects, marched in procession at ten o'clock A. M., from the Market House to the site of the Asylum. After the ceremonies of laying the Cornor Stone had been performed in the presence of a respectable concourse of citizens, they again marched in procession to the College Chapel and were highly entertained with an eloquent and appropriate oration, impressively delivered.

At two o'clock the company sat down to an excellent dinner prepared for the occasion. During the afternoon, the sentiments of sociability, humanity and benevolence, which the occasion was so well calculated to excite, were most agreeably displayed, and added much to the enjoyment of the party.

A number of voluntary toasts were drunk expressive of the feelings of the company present.

By Dr. E. Fisher, President of the Table.

“Prosperity and Union.”

By Col. Levy, Vice President: The Lunatic Asylum:

“May it long flourish as an Asylum for the afflicted and as a monument of the humanity and munificence of the people of South Carolina.”

By Dr. J. Davis. “The present age of the United States, not more distinguished for its liberal and enlightened view of the rights of men than for its sentiments of humanity and benevolence.”

By Maj. Thomas Taylor. “Devotion to one's country, the proudest trait in the character of man.”

By Robert Mills: “The Governor of the State.”

By Col. Blanding: “The Hon. Wm. Crafts, the author of the bill establishing the Lunatic Asylum and orator of the day. Eloquence is never more powerful than in the cause of Humanity.”

By J. T. Goodwyn, Esq: “Blessings attend the future subjects of the Lunatic Asylum.”

By Benj. J. Holmes, Esq.: "The State of South Carolina: May her Sister States emulate her wise liberality."

By Joseph Arthur, Esq.: "Friendship, morality, brotherly love and charity—from cardinal points of Masonry, may they be prevailing characteristics of Lodge No. 39."

By E. H. Maxey, Esq.: "Thomas Smith Webb. His memory is dear to Masons."

By Col. Blanding: "The Abbe Sicard. His incomparable genius has made the eye and the hand supply the defects of ear and tongue."

So fine were the feelings, so beautiful the sentiments, so lofty the ideals and so clear the conception of those assembled for the celebration, that it is felt they should here be recorded as then expressed and pondered as we go forward in our work.

The House Journal of Dec. 21, 1822 shows that the following gentlemen were elected trustees and visitors to the Lunatic Asylum, Dr. Thomas Cooper, Col. John Taylor, Dr. Edward Fisher, James Gregg, Esq., Samuel Farrar, Esq., Dr. James Davis and Col. John J. Chappell.

On Dec. 18, 1827, the Asylum was declared open and ready for patients. On the 12th of December 1828 a young white woman was received as the first patient, and her mother was made matron to look after her. In 1829 the regents and physicians still considered the asylum an experiment, and advertised for patients in the newspapers of South Carolina and adjoining states, there being no institutions for the care of patients in those states at that time.

In 1830 the regents recommended that the legislature pass an act making it obligatory to send lunatics, idiots and epileptics to the asylum to be supported by their communities. From then onward, there has been a steady growth in numbers and usefulness, passing successfully, though beset with trials, through the stormy days of 1861 to 1865, until today it stands abreast of the times, well equipped and managed upon the soundest modern scientific principles, caring for 2,500 patients.

GENERAL STATISTICS FOR THE YEAR ENDING DECEMBER 31, 1923.

	White Males	White Females	Colored Males	Colored Females	Total
Patients on books of institution at beginning of institution year	680	802	625	542	2649
Admissions during year:					
First admissions	202	157	164	185	708
Readmissions	45	77	26	34	182
Total received during year	247	234	190	219	890
Total on books during year	927	1036	815	761	3539
Discharged from books during year	192	163	75	98	528
As recovered	42	87	25	42	196
As improved	66	45	41	50	202
As unimproved	10	1	2	4	17
As without psychosis	74	30	7	2	113
Died during year	75	66	91	77	309
Total discharged and died during year	267	229	166	175	837
Patients remaining on books of institution at end of institution year	660	807	649	586	2702

ADMISSIONS.

There were in the hospital on December 31, 1923, 2,421 patients. Of this number 590 were white males, 711 white females, 588 colored males, 532 colored females.

During the year 708 were admitted and 182 were readmitted. There were 528 discharged and 309 deaths, which resulted in a census of 2,421 on December 31, 1923.

The admission rate as compared with that of 1922 remains practically the same, there being a slight increase in 1923.

The type of mental disease that has occurred most frequently among the patients admitted during the year is, according to the diagnostic table, Dementia Praecox. The second largest group is shown to be Manic Depressive. Of the patients readmitted to the hospital the largest number of cases was also found to be Dementia Praecox and the next largest number came in the Manic Depressive group.

DEATHS.

During the year three hundred and nine patients died. Of this number seventy-five were white males, 8 per cent; ninety-one colored males, 11.1 per cent; sixty-six white females, 6.3 per cent; seventy-seven colored females, 10.1 per cent. The ratio of deaths based upon the whole number treated is 8.7 per cent.

Attention is called to the death rate for the colored race as compared to that of the white. While the physical condition of these patients when they arrived at the hospital is partly responsible for the high death rate, it is felt that a better explanation is to be found in the over crowded and unhealthy condition of their quarters.

DISCHARGES.

During the year 528 patients were discharged from the hospital. Of this number 196 were recovered, 202 improved, 17 unimproved, and 113 not insane. Included in the number as not insane are 69 who were transferred to the Training School at Clinton.

GENERAL HEALTH.

The general health of the patients and employees has been exceptionally good during the entire year, there having been no epidemics, no serious accidents or suicides.

Quite frequently, associated with a mental disorder will be found physical disability and disease, the removal of which is of the utmost importance since in many cases the improvement of the physical condition results in an improvement of the mind. A complete physical examination of every case admitted to the hospital is made, and if any defect is found proper treatment instituted.

MEDICAL DEPARTMENT.

Several changes have taken place in the Staff during the year. Most lamentable was the death, on August 25, of our beloved Medical Director, Dr. J. F. Munnerlyn, who had been on leave of absence for over a year.

Dr. E. L. Horger, Senior Physician and Pathologist, who had been acting as Medical Director, was appointed to succeed Dr. Munnerlyn on September 1, Dr. R. H. Folk, Assistant Physician, was made Senior Physician and Pathologist to succeed Dr. Horger.

Dr. G. B. Carrigan, a graduate of the class of 1920 of the Medical College of the State of South Carolina, and in general practice at Society Hill, S. C. for over two years, was appointed Assistant Physician and reported for duty on January 2. Dr. W.

E. Saye, a graduate of the Atlanta Medical College, the Medical Department Emory University, class of 1917, also a graduate of the U. S. Medical School, was in the Navy for over two years and in general practice for three years, was appointed Assistant Physician and assumed his duties January 22.

At the beginning of the year it was decided to bring up before the Staff all patients who had been in the hospital for a year or more, for the purpose of confirmation of diagnosis, consideration of treatment, and the possibility of paroling them. In order to do this Staff meetings are now held on Mondays, Tuesdays, Wednesdays and Fridays primarily for the consideration of new cases and on Thursdays and Saturdays for the reviewing of old cases.

Because of the crowded conditions of the hospital, the Staff has endeavored to parole as many patients as possible. Of special aid to the Staff in this field of endeavor has been the work of the Social Service Department which has furnished information relative to many patients. This information has been very helpful to the Staff and in a great many instances of inestimable value to the patients.

Under the auspices of the City Board of Health and the Associated Charities of Columbia a mental clinic was established on January 24. This clinic is held on every Thursday afternoon by some member of the Staff at which time examinations are made of nervous and mental troubles, advice given and proper treatment instituted. It has been of great value to the people of the city and county and the hospital is greatly indebted to Miss Margaret Laing of the Associated Charities for her interest and the service she has rendered in its conduct.

LABORATORY WORK.

The laboratory work was under the direction of Dr. E. L. Horger until September 1 when Dr. R. H. Folk took charge. Mr. H. C. Allison, his assistant, and Miss Mildred Hutchinson, technician, recorder and stenographer, of this department rendered valuable service from every standpoint. A great deal of work has been done in the clinical as well as X-Ray laboratory, the usual Wassermann tests and urinalysis being made for each patient admitted. Various other tests and examinations have been made and autopsies held.

The X-Ray has been of inestimable service in the study of various conditions of the bone and viscera, and especially in determining the condition of the teeth. In the routine examination of each patient admitted is included an X-Ray of the teeth. The X-Ray has also been of appreciable benefit in the treatment of skin diseases and cancers. This treatment has again been in the hands of Dr. J. R. Allison, our consulting dermatologist, who visits the hospital once each week or oftener if necessary, for the purpose of seeing and treating those conditions coming in his special line.

Quite a number of surgical operations have been performed by Dr. George Benet, consulting surgeon, who like Dr. Allison, has given freely of his time, without charge, to the hospital. Grateful appreciation is expressed to these gentlemen for the services they have rendered.

DENTAL WORK.

Special attention is called to the table as compiled by the dentist, Dr. E. G. Bumgardner, concerning the great amount of work done by this department. Examination of the teeth of every patient admitted is made and such treatment as indicated, given. Likewise, the teeth of all patients in the hospital are looked after from time to time, and are kept in as good condition as possible. Connected with the dental office is a laboratory where artificial dentures are made when such dentures are considered necessary to the health of the patient. There is no charge for dental work for any patient, save the actual cost of material.

SOCIAL SERVICE.

The department of social service is one of the most important and helpful activities of the hospital. Its work may be briefly summarized as follows:

1—HISTORY TAKING.

Formerly the history of the patient depended upon the information secured by the physician from friends or relatives who visited the hospital. If none of these were interviewed, it became necessary for the physicians to make their diagnosis from examination and observations of the patient which is quite often unsatisfactory. In many cases it is impossible to secure reliable

information from the patient, hence the only way left is a visit to the community and home. This has been one of the duties of the Field Worker. She goes into the patient's community, visits the home, interviews the family, friends, former employer, family physician, social agencies and others who are acquainted with the patient, and gives the hospital Staff a clear cut picture of the patient's back-ground, home conditions, family and personal history, ending in his mental break-down. This information is very essential to the Staff as the diagnosis, treatment and future welfare of the patient often depend upon it.

2—INVESTIGATIONS.

Special investigations have been made in cases of criminals who have been committed to the hospital for observation. This information does not differ from that mentioned above, but stress is laid on the question of the patient's habits and his conduct previous to his crime. Court records bearing on the case are also examined.

Frequently it is necessary to make home investigations prior to paroling patients in order to determine the kind of home to which the patient is to be returned. Special inquiry is made concerning the patient and the arrangements and plans for his care.

There are patients who have made a social recovery and are able to live on the outside, but have no relatives to whom they may go. They cannot be let out in the world penniless and without employment or some plan made for them. It is to this class that the Social Worker can be of service. The following story of such a patient will illustrate the aid rendered:

Mrs. B.—had recovered and was able to leave the hospital, but had no home, no people to whom she could go. An old lady in another town wanted a house-keeper and companion. A visit was made by the Worker to her home and it was found that she had a neat comfortable home, with a garden, chickens and plenty. The patient's condition and her former trouble were explained and she agreed to take her, pay a nominal wage and give her board. The tentative arrangements were explained to the patient, she readily agreed and was paroled into the custody of the old lady.

A recent visit found the two living happily together and getting along nicely. Thus by a little care and a few interviews this patient was able to get out and lead the normal life she craves.

3—FOLLOW UP WORK.

All patients paroled from the hospital are on the Field Worker's list for visiting, but on account of the large area covered, it is impossible to keep in close touch with all these cases, but an effort is made to see as many as possible, in her rounds, especially those where it is felt that there is a lack of understanding of the patient on the part of the family for there is no one factor which causes the patient more unhappiness than to return to his community and home and be treated as though he were peculiar and had no longer a part in the affairs of life. It is often this attitude, or perhaps uncongenial work, or other home worries which cause his maladjustment and which lead to his second break-down. Often these matters can be cleared up by a visit and talk with the family.

In many cases some local social agency is called on to help by securing suitable employment for the patient or to act as a friendly visitor to the patient.

4—OUT PATIENT CLINICS.

During the year an experiment was made in Columbia of the value of Mental Clinics in co-operation with the local Board of Health and the Associated Charities. One of the hospital Staff was detailed to hold these clinics one afternoon a week. Patients were referred to this clinic for diagnosis and treatment. Their cases were referred by the Charities, Juvenile Court and special classes. The secretary of the Associated Charities feels that it has been of great value to her in understanding her people and in helping them work out their problems, and that she is unable to do her social work intelligently without the aid of a psychiatrist. Two other cities, through their Boards of Health, have asked that clinics be established in their counties and plans are being made to do so.

The value of these clinics is two-fold:

First:—It will be of service to our paroled patients. They will be able to consult the physician who understands them, and by his advice and the follow up work of the Social Worker, they

will be able to adjust themselves and be able to remain in their homes, thus relieving the State of the burden of institutional treatment.

Second:—It will also be able to do preventive work by straightening out other cases on the verge of mental breakdown. It is difficult to estimate the value of such clinics to the patient, the hospital and the State.

5—ECONOMIC VALUE OF SOCIAL SERVICE.

It is interesting to note that of the twenty seven patients paroled by special effort of the department during the first year that only two have had to return to the institution. It is easy to estimate the value in dollars and cents of this special effort. The per capita cost of maintenance last year was seventy two cents per day. By keeping twenty-five patients out the department saved the State \$6,570.00. For the year just closing thirty-five special patients have been paroled and none of these have been returned.

TRAINING SCHOOL FOR NURSES.

With no changes in its supervision the Training School for Nurses has been conducted as previously. Regular courses of lectures on medical subjects have been given by members of the hospital and consulting staff, and on practical matters by the supervisor and her assistants. Since the entrance requirement for the Training School has been raised difficulty has been experienced in getting a sufficient number of nurses. All attendants are required to take a course of lectures on the following subjects: Emergencies, General Care of the Patients, Hygiene and Sanitation, Ethics and Hospital Management.

On June 6, 1923 the graduating exercises were held and the following young ladies who had successfully passed the examinations were presented with diplomas: Misses Thelma W. Ayers, Elizabeth Ellen Baker, Margaret C. Fulmer, Mary Levonia Goodwin, Sophie Nannie Howell, Mable Martha Merritt, Charity Ann Ridgeway, Carrie L. Spradley, Leila Mae Wolfe, Mrs. Nan-nie L. Casey and Mrs. Elmer Elizabeth Schneider. The program was as follows:

PROGRAM.

Music—Selection from Bohemian Girl	Balfe.
Prayer	Rev. J. C. Abney.
Chaplain of the Hospital.	

Music—Waltz—Wedding of the Winds	Hall.
Address to Graduating Class	Rev. R. A. Lapsley, Jr.
Pastor First Presbyterian Church, Columbia, S. C.	
Violin Solo	Mr. William Truesdale
Awarding Diplomas	Hon. Christie Benet.
Member Board of Regents.	
Music—Overture—Light Cavalry	von Suppe
Benediction	Rev. J. C. Abney.
Music by Hospital Orchestra.	

OCCUPATIONAL THERAPY.

One of the most valuable methods of treating mental diseases has been found to be occupational therapy. Many of the patients of the hospital are encouraged to join one of the five classes in occupational work, each of which is under an instructor, while others are otherwise employed in work on the farms, yards, dining rooms, laundry, bakery, steam plant, storeroom, mattress shop, broom factory and on the wards, with the result that a great many of those so employed soon show improvement and a number of them recover.

In the classes splendid work has been accomplished and many articles produced, the greater number of which have found a ready sale at the hospital and at the State Fair.

Since the resignation of Miss Florence Elliott on March 4 Mrs. R. M. Hogue acted as instructor until December 1 when she was promoted and placed at the head of the department. There has been no other change in this department.

AMUSEMENT AND DIVERSION.

Amusement and diversion play an important part in arousing and holding the interest of the patients and affording them enjoyment. Therefore, the hospital seeks every opportunity to provide as much wholesome entertainment as possible. In addition to the dance every Tuesday night and the moving picture show every Friday night, there have been parties and, during the summer month, baseball games, open air concerts by the hospital band and truck rides. A portable moving picture machine has been purchased to enable the showing of pictures on the wards where patients are unable to go to the hall. In this way many of the "shut-ins" have been entertained.

Through the courtesy of the State Fair Associations, both white and colored, between five and six hundred patients of both sexes and race were permitted to visit the State Fair in October and November. This has become an annual event in the life of the hospital and is looked forward to with much interest by the patients. Another occasion of much enjoyment is Field Day, which was held in the past year on October 11. Prizes were awarded the successful contestants in the various games and refreshments served to everyone. Music was furnished by the hospital band. As heretofore, the patients were permitted to attend all circus parades in the city and quite a number of them had the pleasure of attending the shows when accompanied by relatives or attendants.

RELIGIOUS SERVICES.

Religious services were conducted each Sunday at the hospital in the city and at State Park by the Chaplin, Rev. J. C. Abney, or his supply. He also visits the hospital to confer with patients who are ill or who express a desire to see him. The Chaplain also conducts the funeral services of all those buried in the hospital cemetery. Ministers of various denominations in the city have also visited the hospital from time to time.

IMPROVEMENTS AND REPAIRS.

Among the improvements for the year was the erection of four bungalows, two for resident physicians, one for the electrician and one for the engineer. The most urgent need for repairs to the Parker Building, occupied by colored men, and the Old Building for colored women, was met by replastering the ceilings and laying new floors. Fire escapes were also added, and a cement floor laid on one of the colored female wards. By extending these repairs to portions of the Old Building, formerly unused because of the extremely dilapidated condition, the capacity for taking care of colored women has been increased by 100. These buildings have been improved, but are yet far from being sanitary and suitable for hospital purposes. Other repairs include replastering of the kitchen ceiling and the installation of new hoods and fans. The general medical office has been rearranged so that each department, white male, white female, colored male and colored female, has a separate office.

For further protection against fires the Administration Building, which has been considered the greatest fire hazard, has been equipped with an overhead sprinkler system.

The construction of the building for colored men at State Park, the contract for which was let in July to the Caughman Contracting Company, is progressing satisfactorily, and if nothing unforeseen happens to prevent, will be completed by the first of March.

NEEDED IMPROVEMENTS.

Among the more urgent needs are additional buildings to take care of the demands constantly being made upon the hospital. The building for colored men, provided for by appropriation last year, has the capacity for 200, and when occupied, will relieve the crowded condition of the quarters in Columbia, but nothing has been done to relieve the overcrowding of the white male quarters or to make provision for the ever increasing number seeking admission to the hospital. In accordance with your instructions last summer the Judges of Probate were notified of the crowded conditions and requested to discourage all applications except those of urgent nature. Almost without exception the full co-operation of these officers was noted, but notwithstanding, quite a number of admissions had to be refused. This condition will have to continue unless additional room is provided, and it is feared that the need will be more acute as the transfer of 47 white male patients to Clinton gave us that many additional beds last year which relief will not again be available this year. If sufficient buildings to take care of all colored people could be provided at State Park and the colored race segregated there, the quarters vacated by them, after being remodeled, could be used by the whites, which would take care of their needs for some time to come. This would seem wise from an economic as well as humane point of view. Most of the buildings for negroes at Columbia are so constructed that they cannot be made sanitary and suitable for hospital purposes unless remodeled. Some of them are unfit for human habitation. This report has been previously made and is concurred in by Mr. E. L. Filby, State Sanitary Engineer, South Carolina State Board of Health, who, at the request of the Superintendent, made a thorough inspection of the entire hospital last August and in his report con-

demned a part of the negro quarters as unfit for use. From the point of view of economy, it would be much cheaper to build the entire plant at State Park at one time rather than by piecemeal as we will be required to do if small appropriations are made from year to year. Building in this manner, as can readily be understood, necessitates many temporary provisions which cost considerable sums of money. For several years attention has been called to the urgent need of special buildings to take care of the criminally insane of both races. The demand upon the hospital to receive patients for the purpose of determining their mental status continues to increase. The hospital is also called upon to receive and care for the criminally insane. It could hardly be considered fair to the management to be required to receive and hold these patients when suitable buildings have not been provided where they can be securely held.

ACKNOWLEDGEMENTS.

Grateful acknowledgment is made to the many generous and thoughtful friends of the hospital who have contributed cash donations, books, magazines and other articles for the pleasure and benefit of the patients.

Deep appreciation is expressed to the medical and consulting staff, the official force, the nurses and attendants and all employees of the hospital for their co-operative spirit and loyal service in adding another successful year to the hospital's long record of usefulness.

To the members of the Board of Regents sincere thanks are tendered for their unfailing counsel and support in carrying on the work of the institution.

Respectfully submitted,

C. F. WILLIAMS,
Superintendent.

STATISTICAL TABLES

PSYCHOSES OF FIRST ADMISSIONS.

PSYCHOSES	White Males	Colored Males	White Females	Colored Females	Total
Traumatic psychoses	1	1	....	1	3
Senile psychoses	14	11	16	16	57
Psychoses with cerebral arteriosclerosis	20	4	7	6	37
General paralysis	8	16	2	1	27
Psychoses with cerebral syphilis	1	2	....	....	3
Psychoses with brain tumor .....	....	2	1	....	3
Psychoses with other brain or nervous diseases, total*	1	1	....	....	2
Other diseases	1	1	....	....	2
Alcoholic psychoses, total	8	2	1	....	11
Delirium tremens	4	....	....	....	4
Acute hallucinosis	2	1	1	....	4
Other types, acute or chronic	2	1	....	....	3
Psychoses due to drugs and other exogenous toxins, total	2	....	....	1	3
Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined	2	....	....	1	3
Psychoses with Pellagra	13	11	6	27	57
Psychoses with other somatic diseases, total	18	26	6	10	60
Delirium with infectious diseases .....	....	....	2	....	2
Post-infectious psychosis	3	1	3	2	9
Exhaustion delirium .....	....	....	....	1	1
Delirium of unknown origin .....	....	....	....	1	1
Cardio-renal diseases	15	24	....	6	45
Diseases of the ductless glands .....	....	....	1	....	1
Other diseases or conditions .....	....	1	....	....	1
Manic Depressive Psychoses, total	14	18	16	42	90
Manic type	6	17	8	41	72
Depressive type	8	1	7	....	16
Other types .....	....	....	1	1	2
Involution Melancholia	7	1	6	....	14
Dementia praecox (schizophrenia)	36	40	41	59	176
Paranoia and paranoid conditions	2	1	4	....	7
Epileptic psychoses	15	12	12	7	46
Psychoneuroses and neuroses, total	6	1	14	....	21
Hysterical type	3	1	8	....	12
Neurasthenic type	3	....	6	....	9
Psychoses with psychopathic personality	1	....	1	....	2
Psychoses with mental deficiency	4	6	8	5	23
Undiagnosed psychoses	4	....	5	3	12
Without psychosis total	27	9	11	7	54
Epilepsy without psychosis	4	1	....	....	5
Alcoholism without psychosis	3	....	....	....	3
Drug addiction without psychosis .....	....	....	2	....	2
Psychopathic personality without psychosis	5	....	....	....	5
Mental deficiency without psychosis	7	5	9	6	27
Others	8	3	....	1	12
TOTAL	202	164	157	185	708

AGE OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES.

White Race

PSYCHOSES	Total			Under 15 years			15-19 years			20-24 years			25-29 years			30-34 years			35-39 years			40-44 years			45-49 years			50-54 years			55-59 years			60-64 years			65-69 years			70 years and over			Unascertained			
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T				
Traumatic	1	...	1	
Senile	14	16	30	
With cerebral arteri- sclerosis	20	7	27	
General paralysis	8	2	10	1	1	1	...	1	1	1	2	5	...	5	...	1	
With cerebral syphilis	1	...	1	
With brain tumor	1	...	1	1	1	
With other brain or nervous diseases	1	...	1	
Alcoholic	8	1	9	2	...	2	1	...	1	4	...	4	1	1	1	...	1	1	...	1	...
Due to drugs and other exogenous toxins	2	...	2	2	...	2	
With pellagra	13	6	19	1	1	2	...	2	2	3	...	3	2	...	2	1	...	1	1	1	2	2	...	2	2	...	2	2	...	2	2	1	...	1	
With other somatic diseases	18	6	24	2	2	...	2	2	2	1	3	1	...	1	1	...	1	1	1	1	2	5	...	5	4	...	4	3	...	3		
Manic-depressive	14	16	30	3	2	5	1	4	5	1	2	3	1	4	5	...	1	1	4	2	6	3	1	4
Involution melancholia	7	6	13
Dementia præcox	36	41	77	4	2	6	6	10	16	5	10	15	9	8	17	4	4	8	2	4	6	5	3	8
Paranoia or paranoid conditions	2	4	6	1	1	...	1	1	1	...	1	...	1	1	...	1	1
Epileptic psychoses	15	12	27	2	...	2	1	2	3	4	3	7	2	2	4	2	3	5	3	2	5	1	1	1	...	1	...	1	1	...	1	1
Psychoneuroses and neuroses	6	14	20	1	1	...	1	1	3	6	9	...	4	4	1	...	1	1	1	1	1	2	1	...	1	
With psychopathic per- sonality	1	1	2	1	1	1	...	1
With mental deficiency	4	8	12	2	2	...	1	1	...	1	1	...	2	...	2	...	1	1	1	1	2	3	...	3	
Undiagnosed psychoses	4	5	9	2	1	3	...	1	1	2	2	2	2	...	2	1	1	
Without psychosis	27	11	38	4	3	7	8	1	9	2	3	5	3	...	3	1	...	1	1	1	2	5	1	6	1	1	2	...	1	1	2	...	2		
Total	202	157	359	6	3	9	15	9	24	15	24	39	17	24	41	13	22	35	18	18	36	21	10	31	26	12	38	14	9	23	7	4	11	19	4	23	13	9	22	18	9	27

Colored Race

[illegible]

DEGREE OF EDUCATION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES.
White Race.

PSYCHOSES	Total			Illiterate			Reads and writes			Common school			High school			College			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Traumatic	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Senile	14	16	30	5	2	7	3	4	7	4	5	9	5	5	1	...	1	...	1	...	1
With cerebral arteriosclerosis	20	7	27	4	2	6	2	2	4	11	12	13	1	...	1	1	...	1	1	1	2
General paralysis	8	2	10	...	...	...	2	1	3	6	1	7	...	...	...	1	...	...	...	...	...
With cerebral syphilis	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	...	...	...
With brain tumor .....	...	1	1	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
With other brain or nervous diseases	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alcoholic	8	1	9	...	...	...	2	...	2	6	1	7	...	...	...	...	...	...	...	...	...
Due to drugs and other exogenous toxins	2	...	2	...	...	...	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...
With pellagra	13	6	19	1	2	3	8	2	10	3	2	5	...	...	...	...	...	...	1	...	1
With other somatic diseases	18	6	24	6	2	8	4	1	5	6	12	8	1	...	1	...	1	1	1	...	1
Manic-depressive	14	16	30	3	2	5	5	2	7	6	7	13	...	4	4	...	1	1	...	...	...
Involution melancholia	7	6	13	1	1	2	4	...	4	2	3	5	...	1	1	...	1	1	...	...	...
Dementia præcox	36	41	77	6	6	12	13	11	24	12	20	32	2	4	6	2	...	2	1	...	1
Paranoia or paranoid conditions	2	4	6	...	...	...	...	...	...	2	3	5	...	1	1	...	...	...	...	...	...
Epileptic psychoses	15	12	27	3	4	7	7	5	12	4	2	6	...	2	2	...	1	1	2	...	2
Psychoneuroses and neuroses	6	14	20	1	1	2	2	2	4	2	8	10	...	2	2	...	1	1	2	...	...
With psychopathic personality	1	1	2	...	...	...	1	...	1	...	1	1	...	...	...	...	...	...	...	...	...
With mental deficiency	4	8	12	3	5	8	...	3	3	1	...	1	...	...	...	...	...	...	...	...	...
Undiagnosed psychoses	4	5	9	1	1	2	1	3	4	2	1	3	...	...	...	...	...	...	...	...	...
Without psychosis	27	11	38	12	8	20	9	1	10	6	...	6	...	1	1	...	...	...	1	...	1
Total	202	157	359	47	36	83	65	37	102	74	59	133	4	18	22	6	4	10	6	3	9

Colored Race

Traumatic	1	1	2	1	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Senile	11	16	27	9	13	22	1	2	3	1	1	2	...	...	...	...	...	...	...	...	...
With cerebral arteriosclerosis	4	6	10	4	6	10	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
General paralysis	16	1	17	12	1	13	3	...	3	1	...	1	...	...	...	...	...	...	...	...	...
With cerebral syphilis	2	...	2	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
With brain tumor .....	...	...	2	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
With other brain or nervous diseases	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Alcoholic	2	...	2	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Due to drugs and other exogenous toxins .....	...	1	1	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
With pellagra	11	27	38	6	13	19	5	8	13	...	6	6	...	...	...	...	...	...	...	...	...
With other somatic diseases	26	10	36	22	8	30	4	1	5	...	1	1	...	...	...	...	...	...	...	...	...
Manic-depressive	18	42	60	8	22	30	8	14	22	2	3	5	...	1	1	...	...	...	2	2	...
Involution melancholia	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dementia præcox	40	59	99	21	26	47	16	25	41	2	5	7	...	...	...	1	...	1	...	3	3
Paranoia or paranoid conditions	1	...	1	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...
Epileptic psychoses	12	7	19	10	7	17	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Psychoneuroses and neuroses	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
With mental deficiency	6	5	11	6	3	9	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...
Undiagnosed psychoses .....	...	3	3	...	1	1	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...
Without psychosis	9	7	16	7	6	13	2	...	2	...	1	1	...	...	...	...	...	...	...	...	...
Total	164	185	349	112	107	219	44	54	98	7	18	25	...	1	1	1	...	1	...	5	5

ENVIRONMENT OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO PRINCIPAL
PSYCHOSES.
White Race

PSYCHOSES	Total			Urban			Rural			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T
Traumatic	1	...	1	1	...	1	...	...	...	...	...	...
Senile	14	16	30	7	10	17	7	6	13	...	...	...
With cerebral arteriosclerosis	20	7	27	6	2	8	13	5	18	1	...	1
General paralysis	8	2	10	5	1	6	3	1	4	...	...	...
With cerebral syphilis	1	...	1	1	...	1	...	...	...	...	...	...
With brain tumor	1	1	...	...	1	1	...	...	...	...	...	...
With other brain or nervous diseases	1	...	1	...	...	...	1	...	1	...	...	...
Alcoholic	8	1	9	4	...	4	4	1	5	...	...	...
Due to drugs and other exogenous toxins	2	...	2	...	...	...	2	...	2	...	...	...
With pellagra	13	6	19	5	3	8	8	3	11	...	...	...
With other somatic diseases	18	6	24	8	1	9	10	5	15	...	...	...
Manic-depressive	14	16	30	6	10	16	8	6	14	...	...	...
Involution melancholia	7	6	13	3	4	7	4	2	6	...	...	...
Dementia præcox	36	41	77	10	20	30	25	20	45	1	1	2
Paranoia or paranoid conditions	2	4	6	2	4	6	...	...	...	...	...	...
Epileptic psychoses	15	12	27	2	5	7	13	7	20	...	...	...
Psychoneuroses and neuroses	6	14	20	1	10	11	5	4	9	...	...	...
With psychopathic personality	1	1	2	...	...	...	1	1	2	...	...	...
With mental deficiency	4	8	12	1	6	7	3	2	5	...	...	...
Undiagnosed psychoses	4	5	9	1	3	4	2	2	4	1	...	1
Without psychosis	27	11	38	10	5	15	17	6	23	...	...	...
Total	202	157	359	73	85	158	126	71	197	3	1	4

Colored Race

Traumatic	1	1	2	...	...	...	1	1	2	...	...	...
Senile	11	16	27	2	8	10	9	8	17	...	...	...
With cerebral arteriosclerosis	4	6	10	1	3	4	3	3	6	...	...	...
General paralysis	16	1	17	7	...	7	9	1	10	...	...	...
With cerebral syphilis	2	...	2	1	...	1	1	...	1	...	...	...
With brain tumor	2	...	2	...	...	...	2	...	2	...	...	...
With other brain or nervous diseases	1	...	1	...	...	...	1	...	1	...	...	...
Alcoholic	2	...	2	1	...	1	1	...	1	...	...	...
Due to drugs and other exogenous toxins .....	...	1	1	...	...	...	...	1	1	...	...	...
With pellagra	11	27	38	...	12	12	11	15	26	...	...	...
With other somatic diseases	26	10	36	4	6	10	22	4	26	...	...	...
Manic-depressive	18	42	60	4	13	17	14	28	42	1	1	1
Involution melancholia	1	...	1	...	...	...	1	...	1	...	...	...
Dementia Præcox	40	59	99	11	24	35	29	33	62	...	2	2
Paranoia or paranoid conditions	1	...	1	1	...	1	...	...	...	...	...	...
Epileptic psychoses	12	7	19	1	1	2	11	6	17	...	...	...
Psychoneuroses and neuroses	1	...	1	...	...	...	1	...	1	...	...	...
With mental deficiency	6	5	11	...	4	4	6	1	7	...	...	...
Undiagnosed psychoses .....	...	3	3	...	2	2	...	1	1	...	...	...
Without psychosis	9	7	16	1	2	3	8	5	13	...	...	...
Total	164	185	349	34	75	109	130	107	237	...	3	3

USE OF ALCOHOL BY FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES

White Race

PSYCHOSES	Total			Abstinent			Temperate			Intemperate			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Traumatic	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Senile	14	16	30	3	16	19	7	...	7	1	...	1	3	...	3
With cerebral arteriosclerosis	20	7	27	5	7	12	8	...	8	2	...	2	5	...	5
General paralysis	8	2	10	...	2	2	2	...	2	3	...	3	3	...	3
With cerebral syphilis	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
With brain tumor .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
With other brain or nervous diseases	1	...	1	...	...	...	...	...	...	...	...	...	1	...	1
Alcoholic	8	1	9	...	...	...	...	...	...	8	1	9	...	...	...
Due to drugs and other exogenous toxins	2	...	2	...	...	...	...	...	...	2	...	2	...	...	...
With pellagra	13	6	19	3	6	9	5	...	5	5	...	5	...	...	...
With other somatic diseases	18	6	24	2	6	8	7	...	7	1	...	1	8	...	8
Manic-depressive	14	16	30	3	16	19	6	...	6	2	...	2	3	...	3
Involution melancholia	7	6	13	...	6	6	6	...	6	1	...	1	...	...	...
Dementia præcox	36	41	77	8	41	49	21	...	21	4	...	4	3	...	3
Paranoia or paranoid conditions	2	4	6	...	4	4	2	...	2	...	...	...	...	...	...
Epileptic psychoses	15	12	27	9	12	21	4	...	4	1	...	1	1	...	1
Psychoneuroses and neuroses	6	14	20	2	14	16	4	...	4	...	...	...	...	...	...
With psychopathic personality	1	1	2	...	1	1	1	...	1	...	...	...	...	...	...
With mental deficiency	4	8	12	2	8	10	...	...	1	...	1	1	1	...	1
Undiagnosed psychoses	4	5	9	2	5	7	...	...	1	...	1	1	1	...	1
Without psychosis	27	11	38	13	8	21	7	...	7	5	2	7	2	1	3
Total	202	157	359	52	153	205	82	...	82	37	3	40	31	1	32

Colored Race

Traumatic	1	1	2	...	1	1	1	...	1	...	...	...	...	...	...
Senile	11	16	27	8	12	20	3	2	5	...	...	...	2	2	...
With cerebral arteriosclerosis	4	6	10	2	3	5	...	2	2	1	...	1	1	1	2
General paralysis	16	1	17	...	1	1	9	...	9	2	...	2	5	...	5
With cerebral syphilis	2	...	2	...	...	...	2	...	2	...	...	...	...	...	...
With brain tumor	2	...	2	...	...	...	1	...	1	...	...	...	1	...	1
With other brain or nervous diseases	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Alcoholic	2	...	2	...	...	...	...	...	...	2	...	2	...	...	...
Due to drugs and other exogenous toxins .....	...	1	1	...	1	1	...	...	...	...	...	...	...	...	...
With pellagra	11	27	38	6	25	31	4	2	6	...	...	...	1	...	1
With other somatic diseases	26	10	36	14	9	23	8	1	9	...	...	...	4	...	4
Manic-depressive	18	42	60	12	31	43	4	3	7	...	...	...	2	8	10
Involution melancholia	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Dementia præcox	40	59	99	30	44	74	7	7	14	...	...	...	3	8	11
Paranoia or paranoid conditions	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Epileptic psychoses	12	7	19	10	5	15	2	1	3	...	1	1	...	...	...
Psychoneuroses and neuroses	1	...	1	...	1	1	...	...	...	...	...	...	...	...	...
With mental deficiency	6	5	11	5	2	7	1	1	2	...	1	1	...	1	1
Undiagnosed psychoses .....	...	3	3	...	...	...	...	1	1	...	...	...	...	2	2
Without psychosis	9	7	16	7	2	9	2	1	3	...	...	...	...	4	4
Total	164	185	349	95	136	231	47	21	68	5	2	7	17	26	43

MARITAL CONDITION OF FIRST ADMISSIONS CLASSIFIED WITH REFERENCE TO
PRINCIPAL PSYCHOSES.
White Race

PSYCHOSES	Total			Single			Married			Widowed			Separated			Divorced			Unascertained		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Traumatic	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Senile	14	16	30	...	4	4	8	5	13	5	5	10	1	...	1	...	1	...	1	...	1
With cerebralarteriosclerosis	20	7	27	1	...	1	14	2	16	5	4	9	...	1	1	...	...	...	...	...	...
General paralysis	8	2	10	2	1	3	6	1	7	...	...	...	...	...	...	...	...	...	...	...	...
With cerebral syphilis	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
With brain tumor .....	...	1	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
With other brain or nervous diseases	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Alcoholic	8	1	9	2	...	2	5	1	6	1	...	1	...	...	...	...	...	...	...	...	...
Due to drugs and other exogenous toxins	2	...	2	1	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
With pellagra	18	6	19	3	...	3	6	4	10	4	1	5	...	1	1	...	...	...	...	...	...
With other somatic diseases	18	6	24	1	1	2	13	4	17	4	1	5	...	...	...	...	...	...	...	...	...
Manic-depressive	14	16	30	6	3	9	8	12	20	...	1	1	...	...	...	...	...	...	...	...	...
Involution melancholia	7	6	13	1	4	5	5	1	6	1	...	1	...	...	...	1	1	...	...	...	...
Dementia præcox	36	41	77	22	13	35	11	26	37	...	...	...	2	2	4	...	...	1	...	...	1
Paranoia or paranoid conditions	2	4	6	...	1	1	2	2	4	...	...	...	1	1	...	...	...	...	...	...	...
Epileptic psychoses	15	12	27	10	5	15	4	4	8	1	1	2	...	2	2	...	...	...	...	...	...
Psychoneuroses and neuroses	6	14	20	2	3	5	3	10	13	1	1	2	...	...	...	...	...	...	...	...	...
With psychopathic personality	1	1	2	...	...	...	1	...	1	...	...	...	1	1	...	...	...	...	...	...	...
With mental deficiency	4	8	12	1	3	4	2	4	6	1	...	1	...	...	...	...	...	1	...	...	1
Undiagnosed psychoses	4	5	9	4	3	7	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...
Without psychosis	27	11	38	18	9	27	7	2	9	1	...	1	...	...	...	...	...	1	...	...	1
Total	202	157	359	74	50	124	99	81	180	24	14	38	3	8	11	...	2	2	3	1	4

Colored Race

Traumatic	1	1	2	...	...	...	...	...	1	1	1	...	1	...	...	...	...	...	...	...	...
Senile	11	16	27	4	...	4	5	6	11	2	10	12	...	...	1	...	...	...	...	...	...
With cerebralarteriosclerosis	4	6	10	...	1	1	2	3	5	2	2	4	...	...	...	...	...	...	...	...	...
General paralysis	16	1	17	3	...	3	8	...	8	4	1	5	...	...	...	...	...	1	...	...	1
With cerebral syphilis	2	...	2	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...
With brain tumor	2	...	2	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...
With other brain or nervous diseases	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Alcoholic	2	...	2	...	...	...	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Due to drugs and other exogenous toxins .....	...	1	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...
With pellagra	11	27	38	2	5	7	9	19	28	...	3	3	...	...	...	...	...	...	...	...	...
With other somatic diseases	26	10	36	5	3	8	12	5	17	7	2	9	1	...	1	...	...	1	...	...	1
Manic-depressive	18	42	60	9	10	19	5	26	31	3	2	5	1	2	3	...	...	...	2	...	2
Involution melancholia	1	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dementia præcox	40	59	99	27	19	46	7	33	40	2	1	3	4	2	6	...	...	...	4	...	4
Paranoia or paranoid conditions	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Epileptic psychoses	12	7	19	9	4	13	1	1	2	1	2	3	1	...	1	...	...	...	...	...	...
Psychoneuroses and neuroses	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...
With mental deficiency	6	5	11	4	5	9	2	...	2	...	...	...	...	...	...	...	...	...	...	...	...
Undiagnosed psychoses .....	...	3	3	...	...	...	2	2	...	1	1	...	...	...	...	...	...	...	...	...	...
Without psychosis	9	7	16	8	4	12	1	2	3	...	...	...	...	...	...	...	...	...	1	...	1
Total	164	185	349	72	51	123	61	98	150	21	25	46	8	4	12	...	...	...	2	7	9

PSYCHOSES OF READMISSIONS.

PSYCHOSES	White Males	Colored Males	White Females	Colored Females	Total
Senile psychoses	4	1	1	.....	6
Psychoses with cerebral arteriosclerosis	2	.....	1	1	4
Psychoses with cerebral syphilis .....	.....	1	.....	.....	1
Alcoholic psychoses	1	.....	.....	.....	1
Psychoses due to drugs and other exogenous toxins	1	.....	.....	.....	1
Psychoses with pellagra .....	.....	.....	1	.....	1
Psychoses with other somatic diseases	2	.....	1	.....	3
Manic-depressive psychoses	9	12	22	12	55
Dementia præcox	16	9	31	17	73
Paranoia and paranoid conditions	1	1	2	.....	4
Epileptic psychoses	2	2	6	3	13
Psychoneuroses and neuroses .....	.....	.....	3	.....	3
Psychoses with psychopathic personality	1	.....	1	.....	2
Psychoses with mental deficiency	1	.....	5	1	7
Without psychosis	5	.....	3	.....	8
Total	45	26	77	34	182

DISCHARGES OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES
AND CONDITION ON DISCHARGE

White Race

PSYCHOSES	Total			Recovered			Improved			Unimproved			Not Insane		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T
Traumatic	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
Senile	9	4	13	...	...	...	9	3	12	...	1	1	...	...	...
With cerebral arteriosclerosis	10	2	12	...	...	...	8	2	10	2	...	2	...	...	...
With other brain or nervous diseases .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
Alcoholic	6	...	6	5	...	5	1	...	1	...	...	...	...	...	...
Due to drugs and other exogenous toxins	1	1	2	1	1	2	...	...	...	...	...	...	...	...	...
With pellagra	3	5	8	3	5	8	...	...	...	...	...	...	...	...	...
With other somatic diseases	7	3	10	6	2	8	1	1	2	...	...	...	...	...	...
Manic-depressive	20	27	47	19	26	45	...	1	1	1	1	1	...	...	...
Involution melancholia .....	...	2	2	...	1	1	...	1	1	...	...	...	...	...	...
Dementia Præcox	39	45	84	...	44	44	34	1	35	5	...	5	...	...	...
Paranoia or paranoid conditions	1	7	8	...	...	...	1	7	8	...	...	...	...	...	...
Epileptic psychoses	9	10	19	1	1	2	7	9	16	1	...	1	...	...	...
Psychoneuroses and neuroses	5	13	18	1	...	1	3	13	16	1	...	1	...	...	...
With psychopathic personality .....	...	1	1	...	...	...	...	1	1	...	...	...	...	...	...
With mental deficiency	6	10	16	6	7	13	...	3	3	...	...	...	...	...	...
Undiagnosed psychoses	1	2	3	...	...	...	1	2	3	...	...	...	...	...	...
Without psychosis	74	30	104	...	...	...	...	...	...	...	...	...	74	30	104
Total	192	163	355	42	87	129	66	45	111	10	1	11	74	30	104

Colored Race

Senile	3	2	5	...	...	...	2	2	4	1	...	1	...	...	...
With cerebral arteriosclerosis	1	2	3	...	...	...	1	2	3	...	...	...	...	...	...
General paralysis	1	...	1	...	...	...	1	...	1	...	...	...	...	...	...
With cerebral syphilis	2	...	2	...	...	...	1	...	1	...	1	...	...	...	...
Alcoholic	1	1	2	1	1	2	...	...	...	...	...	...	...	...	...
Due to drugs and other exogenous toxins .....	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...
With pellagra	1	5	6	1	3	4	...	2	2	...	...	...	...	...	...
With other somatic diseases	5	1	6	1	1	2	4	...	4	...	...	...	...	...	...
Manic-depressive	19	27	46	19	25	44	...	2	2	...	...	...	...	...	...
Dementia præcox	22	38	60	...	...	...	22	34	56	...	4	4	...	...	...
Paranoia or paranoid conditions	1	1	2	...	...	...	1	1	2	...	...	...	...	...	...
Epileptic psychoses	6	3	9	1	...	1	5	3	8	...	...	...	...	...	...
Psychoneuroses and neuroses	3	...	3	...	...	...	3	...	3	...	...	...	...	...	...
With mental deficiency	3	12	15	2	11	13	1	1	2	...	...	...	...	...	...
Undiagnosed psychoses .....	...	3	3	...	...	...	...	3	3	...	...	...	...	...	...
Without psychosis	7	2	9	...	...	...	...	...	...	...	...	...	7	2	9
Total	75	98	173	25	42	67	41	50	91	2	4	6	7	2	9

CAUSES OF DEATH OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES.

White Race.

[illegible]

CAUSES OF DEATH OF PATIENTS CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES.
Colored Race

CAUSES OF DEATH	Total			Senile			With cerebral arteriosclerosis			General paralysis			Alcoholic			Manic-depressive			Involution melancholia			*Dementia praecox			Paranoia or paranoid conditions			Epileptic psychoses			Psychoneuroses and neuroses			With psychopathic personality			With mental deficiency			*All other psychoses					
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T									
General Diseases																																													
Influenza	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	1	
Pellagra	15	30	45	...	1	1	...	...	...	...	...	...	...	...	...	1	1	2	1	...	1	2	4	6	...	...	1	...	1	...	...	...	...	...	...	...	10	24	34	
Tuberculosis of lungs	9	4	13	...	...	...	...	...	...	...	...	...	...	...	...	1	1	2	...	...	...	4	3	7	...	...	1	...	1	...	...	...	...	...	...	...	3	...	3	
Cancer	...	1	1	1	...	1					
Other general diseases	...	1	1	1	1					
Nervous System																																													
Apoplexy (cerebral hemorrhage)	2	11	13	...	6	6	2	5	7					
General paralysis of insane	13	3	16	11	3	14	2	...	2					
Cerebro-spinal syphilis	1	...	1					
Exhaustion from other mental diseases	7	4	11	5	4	9	2	...	2					
Epilepsy	6	3	9	1	1	4	1	5	2	1	3				
Chorea	1	...	1	1	...	1				
Circulatory System																																													
Endocarditis and myocarditis	5	3	8	1	1	2	1	1	1	1	2	3	...	3			
Other diseases of the heart	3	3	6	1	...	1	2	2	2	1	2	...	2			
Arteriosclerosis	21	3	24	7	2	9	4	...	4	1	1	2	1	...	1	8	...	8		
Respiratory System																																													
Bronchopneumonia	1	...	1	1	...	1	
Lobar pneumonia	1	...	1	1	...	1	
Digestive System																																													
Diarrhea and enteritis	...	1	1	1	1	
Genito-Urinary System																																													
Chronic nephritis	4	9	13	2	2	4	1	1	2	2	1	1	2	3	5
Other diseases of genito-urinary system	...	1	1	1	...	1
Accidental traumatism	1	...	1	1	...	1
Total	91	77	168	11	12	23	6	5	11	11	3	14	8	11	19	1	...	1	10	14	24	6	1	7	1	1	38	30	68				

AGE OF PATIENTS AT TIME OF DEATH CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES.

White Race

PSYCHOSES	Total			Under 15 years			15-19 years			20-24 Years			25-29 years			30-34 years			35-39 years			40-44 years			45-49 years			50-54 years			55-59 years			60-64 years			65-69 years			70 years and over			Unascertained			
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T				
Senile	8	15	23																																											
With cerebral arteriosclerosis	17	7	24																1	1				1	1	2		2	2					7		7	2	2	4	7	1	8				
General paralysis	9		9																1					1																						
With cerebral syphilis	1		1																																											
With brain tumor	3		3																1		1																									
Due to drugs and other exogenous toxins	1		1																																											
With pellagra	6	5	11										2	2					1	1				1																						
With other somatic diseases	7	1	8																				1	1	1	1	1																			
Manic-depressive	4	6	10							1		1				1		1					1																							
Involution melancholia	2	2	4																					1	1	1	1	1	1	1	1	1	2													
Dementia præcox	9	17	26							1	1	2	1	3		1	1	1	1	2	1		1	2	3	5	1	1	2	1	2	3							4	4		3	3	1		1
Epileptic psychoses	4	3	7	1		1				1	1	2				2	1	3		1	1																									
With psychopathic personality	1	4	5													1	1	2		1	1							1	1																	
With mental deficiency		1	1																																											
Without psychosis	3	5	8							1	1	2				1		1					1	1		1	1		2	2		1	1													
Total	75	66	141	1		1				3	3	6	2	3	5	6	3	9	3	5	8	4	2	6	9	7	16	7	8	15	2	4	6	15		15	6	12	18	16	19	35	1		1	

AGE OF PATIENTS AT TIME OF DEATH CLASSIFIED WITH REFERENCE TO PRINCIPAL PSYCHOSES.

Colored Race

PSYCHOSES	Total			Under 15 years			15-19 years			20-24 years			25-29 years			30-34 years			35-39 years			40-44 years			45-49 years			50-54 years			55-59 years			60-64 years			65-69 years			70 years and over			Unascertained				
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T					
Senile	11	12	23	1	...	1	1	1	2	1	2	3	2	3	5	3	2	5	3	4	7			
With cerebral arteriosclerosis	6	5	11	1	...	1	2	2	4	2	1	3	2	...	2	...	1	1				
General paralysis	11	3	14	1	1	1	1	1	...	1	5	...	5	2	...	2	3	1	4	2	1	1				
With cerebral syphilis	3	2	...	2	1	...	1				
With Huntington's chorea	1	1	...	1				
With other brain or nervous diseases	1				
With pellagra	6	24	30	1	1	5	5	1	4	5	...	1	1	...	4	4	...	1	1	1	3	4	1	1	2	...	2	2	...	2	...	1	3				
With other somatic diseases	15	4	19	1	...	1	1	...	1	1	...	1	...	1	...	2	2	4	2	2	4	...	2	2	4	3	...	3	5	...	5	...		
Manic-depressive	8	11	19	4	1	5	...	2	2	1	...	1	...	1	1	...	2	2	1	...	1	...	1	...	1	...	2	...	1	1	1	1	2	...	1	1	...	1	1			
Involution melancholia	1	1	...	1	...	1			
Dementia præcox	10	14	24	2	1	3	...	1	2	3	...	1	1	4	2	6	...	2	2	1	2	3	1	1	2	...	3	3	1	...	1				
Epileptic psychoses	6	1	7	2	...	2	1	...	1	1	...	1	1	...	1	1	...	1	1	1			
With mental deficiency	1	1			
Undiagnosed psychoses	1	1	2			
Without psychosis	11	1	12	1	1	2	...	2	2	...	2	2	...	2	2	...	2	2	...	2			
Total	91	77	168	1	1	8	3	11	6	10	16	7	5	12	5	5	10	4	8	12	9	3	12	10	5	15	12	12	24	1	7	8	11	8	19	8	3	11	9	7	16	1	...	1

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL CLASSIFIED ACCORDING TO PRINCIPAL PSYCHOSES.

White Race

PSYCHOSES	Total			Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years			5-6 years			7-8 years			9-10 years			11-12 years			13-14 years			15-19 years			20 years and over		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T			
Senile	8	15	23	..	1	1	2	1	3	2	3	5	3	3	6	1	4	5	..	1	1	..	2	2		
With cerebral arteriosclerosis	17	7	24	1	2	3	8	1	9	3	..	3	3	1	4	1	2	3	1	4	5	..	1	1	..	2	2	..	1	1		
General Paralysis	9	..	9	2	..	2	2	..	2	5	..	5		
With cerebral syphilis	1	..	1	1	..	1	2		
With brain tumor	3	..	3	1	..	1	2	..	2		
Due to drugs and other exogenous toxins	1	..	1	1	..	1	1	1	..	1		
With pellagra	6	5	11	2	2	4	1	2	3	1	1	2	1	..	1	1	..	1		
With other somatic diseases	7	1	8	3	2	5	3	1	4	1	1	2	1	..	1	1	..	1	1	..	1	1	..	1	1	..	1	1	..	..	1	1	..	..	2	..	2	..	..	
Manic-depressive	4	6	10	2	..	2	..	..	..	..	..	1	1	..	..	1	1	..	1	1	..	1	1	..	1	1	..	..	..	..	..	..	..	..	2	..	2	..	..	
Involution melancholia	2	2	4	..	..	..	1	..	1	..	2	2	..	..	..	1	1	..	1	1	..	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	..	..	..
Dementia præcox	9	17	26	1	1	2	..	1	1	1	3	3	6	2	1	3	..	1	2	..	1	1	..	2	1	3	1	..	1	..	2	2	..	7	7		
Epileptic psychoses	4	3	7	1	..	1	2	..	2	..	1	1	..	1	2		
With psychopathic personality	1	4	5	1	1	..	2	2	1	..	1	..	1	1	1	1	..		
With mental deficiency	1	1	1	1	..	1	1	1	..	1		
Without psychosis	3	5	8	1	..	1	1	1	1	1	1	2	3	..	1	1	1	..	1		
Total	75	66	141	12	6	18	18	6	24	7	8	15	6	1	7	17	10	27	6	10	16	2	6	8	1	4	5	1	2	3	2	3	5	1	..	1	2	2	4	..	8	

TOTAL DURATION OF HOSPITAL LIFE OF PATIENTS DYING IN HOSPITAL CLASSIFIED ACCORDING TO PRINCIPAL PSYCHOSES.
Colored Race

PSYCHOSES	Total			Less than 1 month			1-3 months			4-7 months			8-12 months			1-2 years			3-4 years			5-6 years			7-8 years			9-10 years			11-12 years			13-14 years			15-19 years			20 years and over		
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T			
Senile	11	12	23	1	1	2	2	4	6	1	2	3	2	1	3	2	2	4	3	1	4						1	1														
With cerebral arteriosclerosis	6	5	11	1	4	5	1	1	2	1		1	1		1		2	2	1		1																					
General Paralysis	11	3	14	4		4	2	1	3	3	2	5	1		1		1		1																							
With cerebral syphilis	3		3						1												1																					
With Huntington's chorea	1		1													1		1																								
With other brain or nervous diseases	1		1																		1		1																			
With pellagra	6	24	30	3	8	11	2	14	16	1	2	3																														
With other somatic diseases	15	4	19	7	1	8	5	1	6	1	1	2	1	1	2	1		1																								
Manic-depressive	8	11	19	4	6	10	1		1				1		1	1	1	2				1	1	2		3	3															
Involution melancholia	1		1													1		1																								
Dementia præcox	10	14	24	1		1	1	2	3		1	1	1	1	2		1	1	1	1	2	3	4	7	2	1	3		1	1			1	1	2		1	1	1			
Epileptic psychoses	6	1	7		1	1				1		1				3		3				1		1																		
With mental deficiency			1	1									1	1								1		1																		
Undiagnosed psychoses	1	1	2					1	1																																	
Without psychosis	11	1	12									1	1				4		4	3		3				2		2											2		2	
Total	91	77	168	21	21	42	15	24	39	8	9	17	7	4	11	14	4	18	9	2	11	6	5	11	4	4	8	2	2	4				2	1	3	1	1	2	2		2

AGES AND DURATION IN HOSPITAL OF THOSE DYING OF PELLAGRA.

	Total.					15-19 Years.					20-24 Years.					25-29 Years.					30-34 Years.					35-39 Years.				
	W. M.	W. F.	C. M.	C. F.	Total.	W. M.	W. F.	C. M.	C. F.	Total.	W. M.	W. F.	C. M.	C. F.	Total.	W. M.	W. F.	C. M.	C. F.	Total.	W. M.	W. F.	C. M.	C. F.	Total.	W. M.	W. F.	C. M.	C. F.	Total.
Less than one month	2	2	4	2	16	...	...	1	...	1	...	...	1	2	2	...	1	1	2	5	...	...	...	...	...	...	...	...	...	...
One to three months	2	2	4	1	25	...	...	1	1	2	...	...	1	3	4	...	1	...	1	3	...	...	...	...	...	...	...	...	...	...
Four to seven months	1	3	1	2	7	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eight to twelve months	1	...	...	1	2	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
One to two years	3	2	3	1	9	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Three to four years	2	...	1	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Five to six years .....	...	1	1	1	3	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	...	...	...
Eleven to twelve years .....	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
Twenty years and over .....	...	1	1	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Total	11	12	15	30	68	...	...	2	2	4	...	...	1	7	8	1	2	1	5	9	1	...	1	1	3	1	2	2	4	9

AGES AND DURATION IN HOSPITAL OF THOSE DYING OF PELLAGRA, Continued.

	40-44 Years.					45-49 Years.					50-54 Years.					55-59 Years.					60-64 Years.					65-69 Years.					70 Years and over.					
	W. M.	W. F.	C. M.	C. F.	Total.	W. M.	W. F.	C. M.	C. F.	Total.	W. M.	W. F.	C. M.	C. F.	Total.	W. M.	W. F.	C. M.	C. F.	Total.	W. M.	W. F.	C. M.	C. F.	Total.	W. M.	W. F.	C. M.	C. F.	Total.	W. M.	W. F.	C. M.	C. F.	Total.	
Less than one month								1	1	2			1		1					2	2				2								1		1	2
One to three months				2	2					2					2					2					2											
Four to seven months		1			1		1			1			1		1																					
Eight to twelve months							1			1																										
One to two years			1		1		1	1		2		1			1										1											
Three to four years																																				
Five to six years																																				
Eleven to twelve years																																				
Twenty years and over								1		1																		1								
Total	1	1	2	4	1	2	3	3	9	1	1	1	2	5	...	1	...	2	3	3	...	2	1	6	1	3	...	...	4	2	...	1	1	4	

COMPARISON OF DEATHS FROM PELLAGRA WITH OTHER CAUSES.

MONTHS	White Males					White Females					Total White					Colored Males					Colored Females					Total Colored					Total White and Colored				
	Cause of Death			Relative Per Cent		Cause of Death			Relative Per Cent		Cause of Death			Relative Per Cent		Cause of Death			Relative Per Cent		Cause of Death			Relative Per Cent		Cause of Death			Relative Per Cent		Cause of Death			Relative Per Cent	
	Total	Pellagra.	All Other Causes	100 Pc.		Total	Pellagra.	All Other Causes	100 Pc.		Total	Pellagra.	All Other Causes	100 Pc.		Total	Pellagra.	All Other Causes	100 Pc.		Total	Pellagra.	All Other Causes	100 Pc.		Total	Pellagra.	All Other Causes	100 Pc.		Total	Pellagra.	All Other Causes	100 Pc.	
				Pellagra.	All Other Causes				Pellagra.	All Other Causes				Pellagra.	All Other Causes				Pellagra.	All Other Causes				Pellagra.	All Other Causes				Pellagra.	All Other Causes				Pellagra.	All Other Causes
January	8	1	7	.....	.....	5	2	3	.....	.....	13	3	10	.....	.....	11	3	8	.....	.....	4	3	2	.....	.....	15	5	10	.....	.....	28	8	20	.....	.....
February	5	1	5	.....	.....	5	1	4	.....	.....	10	1	9	.....	.....	3	1	2	.....	.....	7	3	5	.....	.....	10	3	7	.....	.....	20	4	16	.....	.....
March	2	1	2	.....	.....	7	1	7	.....	.....	15	1	14	.....	.....	4	.....	4	.....	.....	1	6	.....	.....	11	1	10	.....	.....	26	2	24	.....	.....
April	4	1	3	.....	.....	7	1	6	.....	.....	11	2	9	.....	.....	2	.....	2	.....	.....	3	3	.....	.....	5	.....	5	.....	.....	16	14	14	.....	.....
May	4	1	3	.....	.....	10	2	8	.....	.....	14	3	11	.....	.....	10	.....	10	.....	.....	6	2	4	.....	.....	16	2	14	.....	.....	30	5	25	.....	.....
June	8	1	7	.....	.....	5	.....	5	.....	.....	13	1	12	.....	.....	12	2	10	.....	.....	8	4	4	.....	.....	20	6	14	.....	.....	33	7	26	.....	.....
July	6	2	4	.....	.....	2	.....	2	.....	.....	8	2	6	.....	.....	11	2	9	.....	.....	9	2	7	.....	.....	20	4	16	.....	.....	28	6	22	.....	.....
August	6	2	4	.....	.....	4	.....	4	.....	.....	10	2	8	.....	.....	3	1	2	.....	.....	9	3	6	.....	.....	12	4	8	.....	.....	22	6	16	.....	.....
September	6	.....	6	.....	.....	6	2	4	.....	.....	12	2	10	.....	.....	3	.....	3	.....	.....	2	2	1	.....	.....	6	2	4	.....	.....	18	4	14	.....	.....
October	11	1	10	.....	.....	5	3	2	.....	.....	16	4	12	.....	.....	15	2	13	.....	.....	9	6	3	.....	.....	24	8	16	.....	.....	40	12	28	.....	.....
November	7	1	6	.....	.....	7	1	6	.....	.....	14	2	12	.....	.....	6	1	5	.....	.....	4	3	1	.....	.....	10	4	6	.....	.....	24	6	18	.....	.....
December	2	.....	2	.....	.....	3	.....	3	.....	.....	5	.....	5	.....	.....	11	3	8	.....	.....	8	3	5	.....	.....	19	6	13	.....	.....	24	6	18	.....	.....
Total	75	11	64	14.6	85.4	66	12	54	18.1	81.9	141	23	118	16.3	83.7	91	15	76	16.4	83.6	77	30	47	38.9	61.1	168	45	123	26.8	73.2	309	68	241	22.0	78.0

RESULT OF PELLEGRINS ADMITTED IN 1923.

	White Males	White Females	Total Whites	Colored Males	Colored Females	Total Colored	Total White and Colored
Dead	7	5	12	11	26	37	49
Discharged	2	1	3	2	1	3	6
Out on Parole	2	5	7	2	1	3	10
Still in Hospital	10	7	17	2	10	18	35
Total	21	18	39	23	38	61	100

RESIDENCE OF PATIENTS RECEIVED 1923.

COUNTIES	Males White	Males Colored	Females White	Females Colored	Total
Abbeville	6	1	4	2	13
Aiken	4	8	6	6	24
Allendale	5	6	1	3	15
Anderson	11	11	23	15	60
Bamberg	1	3	3	1	8
Barnwell	3	..	..	6	11
Beaufort .....	..	4	..	1	5
Berkeley	1	2	2	2	7
Calhoun	2	3	1	4	10
Charleston	11	13	8	19	51
Cherokee	10	2	7	3	22
Chester	5	3	6	6	20
Chesterfield	3	1	8	2	14
Clarendon	2	2	1	2	7
Colleton	5	8	2	2	17
Darlington	4	3	6	9	22
Dillon	5	4	3	4	16
Dorchester	1	..	..	2	3
Edgefield	2	4	1	3	10
Fairfield	2	4	..	1	7
Florence	3	5	6	12	26
Georgetown	3	5	..	5	13
Greenville	23	6	13	2	44
Greenwood	6	5	5	3	19
Hampton	3	1	..	..	4
Horry	2	2	4	3	11
Jasper	1	2	1	..	4
Kershaw	4	3	5	3	15
Lancaster	1	1	3	1	6
Laurens	8	7	15	9	39
Lee	2	1	4	2	9
Lexington	4	3	6	3	16
Marion	4	6	1	1	12
Marlboro	4	3	6	4	17
McCormick .....	..	1	1	..	2
Newberry	3	6	3	4	16
Oconee	12	2	7	4	25
Orangeburg	3	6	5	10	24
Pickens	6	..	12	2	20
Richland	23	14	14	18	69
Saluda	1	1	2	2	6
Spartanburg	16	6	21	11	54
Sumter	11	9	2	13	35
Union	4	4	2	5	15
Williamsburg	4	6	4	1	15
York	13	3	8	8	32
Total	247	190	234	219	890

RESIDENCE OF PATIENTS PRESENT DECEMBER 31, 1923.

Counties.	White Males	Colored Males	White Females	Colored Females	Total
Abbeville	11	7	15	10	43
Aiken	17	20	16	10	63
Allendale	3	4	2	2	11
Anderson	42	27	47	15	130
Bamberg	1	9	9	10	29
Barnwell	13	16	7	17	53
Beaufort	1	14	3	8	26
Berkeley	2	15	9	7	33
Calhoun	6	11	2	7	26
Charleston	38	55	45	65	208
Cherokee	11	7	11	4	33
Chester	22	8	11	16	57
Chesterfield	10	6	15	6	37
Clarendon	10	6	9	9	34
Colleton	16	14	11	8	49
Darlington	7	18	14	13	52
Dillon	10	5	10	6	31
Dorchester	3	7	4	10	24
Edgefield	6	13	6	7	32
Fairfield	6	13	3	8	30
Florence	12	14	13	21	60
Georgetown	4	13	4	13	34
Greenville	51	17	52	12	132
Greenwood	17	13	16	13	59
Hampton	2	10	9	5	26
Horry	11	4	21	8	44
Jasper	1	2	1	3	7
Kershaw	7	9	8	7	31
Lancaster	5	7	12	5	29
Laurens	17	20	13	9	59
Lee	1	4	6	4	15
Lexington	7	7	22	8	44
Marion	9	7	12	10	38
Marlboro	6	10	16	16	48
McCormick	1	3	5	3	12
Newberry	6	14	9	10	39
Oconee	20	4	35	6	65
Orangeburg	7	19	20	19	65
Pickens	14	1	26	4	45
Richland	45	45	47	31	168
Saluda	4	6	8	6	24
Spartanburg	52	22	59	22	155
Sumter	15	19	10	27	71
Union	9	11	11	3	34
Williamsburg	7	13	8	10	38
York	25	19	19	19	82
Total	590	588	711	532	2421

OCCUPATIONS AND DAILY AVERAGE NUMBER OF PATIENTS OCCUPIED

Department	White Males	White Females	Colored Males	Colored Females	Total
Baggage Room	3	..	..	..	3
Bakery	1	..	14	..	15
Barbershop	3	..	..	..	3
Blacksmith	..	..	2	..	2
Broom Making	6	..	..	..	6
Basketry	3	..	..	..	3
Carpenter Shop	10	..	..	..	10
Caning Chairs	2	..	..	..	2
Chair Making	3	..	..	..	3
Coal Pile	..	..	38	..	38
Dairy	1	..	11	..	12
Dental Office	1	..	..	..	1
Dining Room	60	38	35	38	171
Fancy Work	..	29	..	..	29
Farm	41	..	95	..	136
Firemen	..	..	4	..	4
Florist	2	..	3	..	5
Garden Vegetable	2	..	1	..	3
Grits Mill	..	..	1	..	1
Hog Feeders	..	..	2	..	2
Kitchen	1	..	28	12	41
Laboratory	1	..	..	..	1
Laundry	..	..	9	46	55
Mattress Making	4	..	..	..	4
Musicians	8	..	..	..	8
Nurses' Quarters	1	..	..	..	1
Offices and Halls	5	..	5	..	10
Painting	1	..	..	..	1
Printing	3	..	..	..	3
Plain Sewing	12	..	..	..	12
Scrubbers	..	..	..	30	30
Sewing Room	5	48	..	38	91
Stables	..	..	1	..	1
Stairway Detail	5	..	..	..	5
Storeroom	3	..	4	..	7
Toy Making	7	..	..	..	7
Trucks and Wagons	..	..	10	..	10
Vegetable House	..	18	..	..	18
Ward Work	135	120	129	117	501
Washing Walls	..	..	10	..	10
Weaving	17	..	..	..	17
Wood Cutters	..	..	14	..	14
Wood Yard	..	..	6	..	6
Yard Detail	22	..	36	9	67
Total	368	253	458	290	1369

65 persons given advice or treatment in out-patient clinic during year.

	Males	Females	Total
	42	23	65

FIELD WORKER'S REPORT.

	White Males	White Females	Colored Males	Colored Females	Total
Anamnesis	182	161	10	1	354
Visits to paroled patients	73	135	..	..	208
Homes visited in regard to paroling patients	3	48	17	1	69
Number patients instrumental in paroling	1	31	3	..	35

PERCENTAGE OF POSITIVE WASSERMANN'S FOR 1922

* Male White			§ Female White			† Male Colored			‡ Female Colored		
Pos.	Neg	P. C.	Pos.	Neg	P. C.	Pos.	Neg	P. C.	Pos.	Neg	P. C.
18	228	7.33	8	231	3+	39	228	14.5	71	379	15.7-9

(Percentage of Positive Spinal Fluid Wassermanns.)

8	23	25.5-6	3	3	50.	20	55	26.66	6	60	9.1-11
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*Per cent of positive spinal fluid of all whose blood was tested 3.31-123.

§Per cent of positive spinal fluids of all whose blood was tested 1.61-239.

†Per cent of positive spinal fluid of all whose blood was tested 7.5.

‡Per cent of positive spinal fluid of all whose blood was tested 1.33.

LABORATORY ANNUAL REPORT FOR 1923.

Wassermann on Blood	1308
Wassermann on Spinal Fluid	181
Routine examination (Spinal Fluid)	181
Blood Counts	177
Urinalysis	524
Sputum	16
Vaginal Smears	3
Feces	11
Malaria	48
Cultures	6
Smear from Prostate Gland	3
Widals	2
Ehrlich's Diazo test	1
Examination of Milk	1
Blood typing	5
Preparation of Diarsenol	50
Autopsies	28
X-Ray Exposures	2727
Photographic Pictures	24
Treatment of Cancer (X-Ray)	9
Treatment of Skin Diseases (X-Ray)	22

DENTAL WORK DURING 1923.

Patients examined	1126
Teeth extracted	3186
Impactions removed	90
Prophylaxis given	41
Treatments for pyorrhea	15
Dentures repaired	8
Bridges repaired	4
X-Ray pictures made	2563
Alloy restorations	63
Bridge restorations	9
Cement restorations	6
Porcelain restorations	22
Denture restorations	56
Crown restorations	1
Inlay restorations	9
Root canal fillings	2
Pulps capped	1
Miscellaneous treatments	354

Anesthetics given in all extractions.

Curretments made in all abscessed conditions.

TREASURER'S REPORT

December 31, 1923.

Dr. C. F. Williams, Superintendent.

Dear Sir: We submit herewith our annual report for the year 1923. Our appropriation proved sufficient for our needs although it left no margin. The \$11,574.02, remaining on hand, is from a fund accumulated from the sale of groceries, uniforms and books to employees and is held to pay for goods purchased and for contracts entered into in 1923 but unfinished.

We are pleased to call attention to the fact that the Dairy and each of the farms show a gratifying margin of profit. The extraordinary crops of spring Irish potatoes and of salad, grown by the Columbia Farm account, in part, for its lead over the others.

Two statements are presented, one on our own budget classification form and the other on the form provided by the National Committee for Mental Hygiene.

Yours respectfully,

H. T. PATTERSON,
Treasurer.

GENERAL INFORMATION

Dec. 31, 1923

1. Date of opening as an institution for the insaneDecember 18, 1827.
(Date of founding the institution, December 21, 1821).

2. Type of institutionState

3. Hospital plant

Value of hospital property:

Real estate including buildings \$2,254,948 08

Personal property 202,179 22

Total \$2,457,127 30

Total acreage of hospital property owned (includes
grounds, farm and garden and sites occupied by buildings) 2,710 61

Additional acreage rentednone

Total acreage under cultivation during previous year950

4. OFFICERS AND EMPLOYEES

	Actually in Service at			Vacancies at End		
	End of Year			of Year		
	Males	Females	Total	Males	Females	Total
Superintendents	1	....	1	....	....	....
Assistant physicians	9	1	10	1	....	1
Medical internes .....	....	....	....	3	....	3
Clinical assistants .....	....	....	....	....	....	....
Total physicians	10	1	11	....	....	....
Stewards	1	....	1	....	....	....
Resident dentists	1	....	1	....	....	....
Graduate nurses .....	....	19	19	....	....	....
Other nurses and attendants	63	82	145	....	20	20
Teachers of occupational therapy	3	4	7	....	....	....
Social workers .....	....	1	1	....	1	1
All other officers and employees	133	51	184	....	....	....
Total officers and employees	211	158	369	4	21	25

	Males	Females	Total
6. Patients employed in industrial classes or in general hospital work on date of report	826	543	1369
7. Average daily number of all patients ac- tually in institution during year	1200	1225	2425
8. Voluntary patients admitted during year	4	3	7
9. Persons given advice or treatment in out patient clinics during year	42	23	65

RECEIPTS

Balance on hand from previous fiscal year	\$ 25,000 00
Received from appropriations	760,888 73
Received from paying patients	16,989 17
Received from all other sources	30,853 66
Total receipts	\$833,731 56

DISBURSEMENTS

1. Expenditures for maintenance of patients:	
Salaries and wages	\$210,053 33
Provisions (food)	250,791 92
Fuel (gas, kerosene, coal and freight on coal	38,809 20
All other expenditures for maintenance ..	197,828 28
Total expenditures for maintenance	\$697,482 73
2. Expenditures for purposes other than maintenance, including new buildings, additions, extraordinary re- pairs, improvements, etc.	78,538 75
3. Expenditures for refunds	39 00
Total expenditures	\$776,060 48
Amount returned to State Treasurer	21,097 06
Balance on hand at close of year	36,574 02
Total disbursements, including balance on hand	\$833,731 56

FINANCIAL STATEMENT

RECEIPTS

Revolving Fund from 1922	\$ 25,000 00
From Paying Patients	16,989 17
From Farms and Dairy	2,136 40
From Diversional Occupation Department	939 84
From Sundry Sources	12,644 67
From 1922 Appropriation	15,075 97

From 1923 Appropriation:

Maintenance	641,654 88
The Pel Farm	6,521 68
The Moore Farm	6,576 61
The Columbia Farm	7,447 04
The Hospital Dairy	20,206 55
Improvements and Sprinkler System	13,464 00
Permanent Improvements, Buildings and Renovations	49,942 00
Borrowed Money	15,132 75

\$833,731 56

DISBURSEMENTS

Paid to State Treasurer:

During Year	\$ 21,097 06
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Paid for following activities:

Maintenance	656,730 85
Pel Farm	6,521 68
Moore Farm	6,576 61
Columbia Farm	7,447 04
Dairy	20,206 55
Improvements and Sprinkler System	13,464 00
Permanent Improvements, Buildings and Renovations	65,074 75
Paid for refunds	39 00
Revolving fund	25,000 00
Balance on hand	11,574 02

\$833,731 56

Average daily number of patients in institution during year.....	2,425
Daily per capita cost .....	.7880

DAIRY REPORT 1923

DEBITS

To Pure bred cattle on hand January 1, 1923	\$13,000 00
Grade cattle on hand January 1, 1923	4,735 00
(8) Work animals on hand January 1, 1923	1,520 00
Feed on hand January 1, 1923	6,481 00
Dairy and farm implements on hand January 1, 1923	2,633 90

Animals bought	475 00
Bedding	40 50
Board of attendants	840 00
Depreciation of plant	657 25
Equipment	406 07
Feed (dairy herd)	13,404 60
Feed (beef cattle)	6,160 90
Fertilizer	699 28
Freight and express	186 91
Horse shoeing	19 05
Insurance on buildings	413 15
Interest on amount invested in cattle (\$8000.00)	480 00
Kerosene, gasoline and oils	144 41
Machinery, implements and hardware	487 45
Brooms, soap, salt, rope, twine, cheese cloth, etc.	150 98
Office supplies	13 60
Payroll	4,879 59
Registration fees	18 25
Rental of land (89 acres @ \$4.00)	356 00
Repairs to equipment	61 65
Seed	123 65
Steers bought for beef (includes freight)	15,276 75
Oat straw sold	33 00
Testing milk	13 30
Veterinarian	211 50
Veterinary supplies	22 20
Balance in favor of Dairy	4,951 28
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	\$78,896 22

DAIRY REPORT 1923

CREDITS

By 110,132 lbs. Beef @ .14, .09 and .10	\$11,973 15
Calves sold	20 00
Claims	190 00
Compost to hospital	104 00
144 bu. Corn @ .90, \$1.00, \$1.16 and \$1.25	142 06
Bull ring sold	1 65
Feed sold	1,982 72
Hides and tallow	932 81
57,142 1-4 gal. milk to hospital @ .50	28,571 13
12 bu. oats @ .60	7 20
Premiums and prizes	369 25
Refunds	7 09
Rye sold	48 88
Sacks sold	35 46
Service fees	52 00
Shucks sold	1 80
Taking care of lost cow	4 00

968 lbs. Veal @ .15 and .14 1-2	141 34
Yokes sold	12 75
Pure bred cattle on hand December 31, 1923	15,035 00
Grade cattle on hand December 31, 1923	4,890 00
(8) Work animals on hand December 31, 1923	1,695 00
Feed on hand December 31, 1923	4,577 84
Dairy and farm implements on hand December 31, 1923	3,179 70
Steers (55) on hand December 31, 1923 (cost plus freight plus feed from October through December)	4,921 39
	<hr/>
	\$78,896 22

PEL FARM REPORT 1923

DEBITS

To Implements and machinery on hand January 1, 1923	\$ 1,453 10
Hogs on hand January 1, 1923	2,252 00
(13) Work animals on hand January 1, 1923	1,827 50
Produce on hand January 1, 1923	6,035 00
Cattle on hand January 1, 1923	935 00
Agricultural and botanical supplies	12 75
Board of attendants	280 00
Depreciation of plant	200 00
Equipment	55 83
Feed	1,954 41
Fertilizer	1,708 75
Freight and express	80 03
Garbage	460 00
Kerosene, gasoline and oils	23 28
Hogs	50 00
Horse shoeing	39 88
Insurance on buildings	100 00
Interest on amount invested in cows	39 00
Interest on amount invested in hogs	12 00
Machinery, implements and hardware	410 20
Axle grease, twine	16 78
Payroll	3,129 53
Rental of land (398 acres @ \$2.00)	796 00
Repairs to equipment	36 20
Seed and plants	177 05
Veterinarian	16 50
Veterinary supplies	60 25
Balance in favor of Pel Farm	2,996 31
	<hr/>
	\$25,157 35

PEL FARM REPORT 1923

CREDITS

By 1168 lbs. beef @ .0635 and .0660	\$ 76 72
272 canteloupes @ .10	27 20
717 + bu corn (in ear) @ .90, \$1.06 and \$1.10	695 31
Feeding hospital team	292 00
Hauling	236 25
Hides sold	11 40
Hogs sold	35 87
8106 5-8 gal. milk to hospital @ .50	4,053 31
Oats sold	60
2470 lbs. Peas @ .04 and .07	139 30
23,151 lbs. Pork @ .12 1-2, .15 1-2, .14 1-2, .13 1-2 and .13	2,990 92
Oat straw sold	71 59
2569 bu. sweet potatoes @ .75	1,926 75
5543 watermelons @ .20	1,108 60
Implements and machinery on hand December 31, 1923	1,339 90
Hogs on hand December 31, 1923	2,526 63
(13) Work animals on hand December 31, 1923	1,792 00
Feed on hand December 31, 1923	6,723 00
Cattle on hand December 31, 1923	1,110 00
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	\$25,157 35

COLUMBIA FARM REPORT 1923

DEBITS

To Produce on hand January 1, 1923	\$ 4,185 00
Implements and machinery on hand January 1, 1923	1,451 45
Fertilizer on hand January 1, 1923	220 90
Hogs on hand January 1, 1923	5,100 00
Steers (54) on hand January 1, 1923 (cost and feed)	4,627 82
(12) Work animals on hand January 1, 1923	1,485 00
Feed on hand January 1, 1923	129 00
Agricultural and botanical supplies	26 39
Board of attendants and laborers	840 00
Depreciation on buildings	500 00
Equipment	70 88
Feed	239 69
Fertilizer	1,567 84
Freight and express	89 69
Garbage	1,500 00
Kerosene, gasoline and oils	10 85
Horse shoeing	35 83
Insurance on buildings	120 00
Interest on amount invested in hogs (\$600.00)	36 00
Machinery, implements and hardware	352 77
Barrels, twine, rope, axle grease, etc.	37 59

Payroll	4,596 78
Rental of lands (135 acres @ \$4.00)	540 00
Repairs to equipment	106 15
Seed	570 81
Veterinarian	22 50
Veterinary supplies	46 36
Wood	8 00
Balance in favor of Columbia Farm	7,303 37
	<hr/>
	\$35,820 67

X COLUMBIA FARM REPORT 1923

CREDITS

By Animals taken up	\$	6 50
36,177 lbs. Beef @ .12		4,341 24
64 + bu. Beets @ \$2.00 and \$1.50		102 50
41 + bu. Bell Peppers @ \$1.00		41 10
Bones sold		88 80
29,855 lbs. Cabbage @ .02 3-4, .02 1-2 and .02		773 89
54 + bu. Carrots @ \$2.50		136 55
13,745 lbs. Collards @ .02		274 90
476 + bu. Corn (in ear) @ .90, \$1.20 and \$1.10		461 51
106 + bu. Shelled Corn @ \$1.00 and \$1.25		109 00
116 3-4 bu. Cucumbers @ \$1.00		116 75
Feed sold		207 70
Fertilizer sold		15 54
Hay sold		155 85
Hides sold		384 57
Hogs sold		50 00
350 tons Manure @ \$5.00		1,750 00
151 bu. Oats @ .70, .60, .62 and .63		96 74
3520 lbs. Oat and vetch hay @ \$20.00 ton		35 20
10,620 lbs. Oat straw @ \$10.00 ton		53 10
311 + bu. Okra @ \$2.00		623 34
176 bu. Onions and tops @ \$1.50		264 00
47,397 lbs. Pork @ .12 1-2, .15 1-2, .13 1-2 and .13		6,065 18
1642 + bu. Irish potatoes @ \$1.00, \$1.25 and \$1.40		2,032 46
207,388 lbs. Sweet potatoes @ .01 1-4		2,592 35
74 1-2 bu. Radishes @ \$1.50		111 75
140 bu. Rape salad @ .65		91 00
3375 + bu. Turnip and mustard salad @ .65		2,195 32
Seed sold		83
Shucks sold		106 19
438 + bu. Squash @ .50		219 17
139 + bu. String beans @ \$1.50		208 87
835 + gal. Syrup @ .55		459 33
331 + bu. Swiss chard @ .50		165 97
63 1-2 bu. Tomatoes @ \$1.75		111 12

18,854 lbs. Turnips @ .01 1-2	282 81
Implements and machinery on hand December 31, 1923	1,461 15
Fertilizer on hand December 31, 1923	106 89
Hogs on hand December 31, 1923	5,265 00
(11) Work animals on hand December 31, 1923	1,125 00
Feed on hand December 31, 1923	2,819 00
Seed on hand December 31, 1923	312 50

\$35,820 67

MOORE FARM REPORT 1923

DEBITS

To Implements and machinery on hand January 1, 1923	\$ 1,133 20
(12) Work animals on hand January 1, 1923	1,460 00
Produce on hand January 1, 1923	3,299 50
Hogs on hand January 1, 1923	837 00
Agricultural and botanical supplies	4 83
Board of attendants	300 00
Depreciation of plant	200 00
Equipment	116 52
Feed	43 77
Fertilizer	2,087 80
Freight and express	59 59
Kerosene, gasoline and oils	41 74
Horse shoeing	28 60
Insurance on buildings	100 00
Livestock (mule)	250 00
Machinery, implements and hardware	491 29
Twine, mouse traps, etc.	15 54
Office supplies	4 50
Payroll	3,351 06
Rental of land (326 acres @ \$2.00)	652 00
Repairs to equipment	36 30
Seed and plants	194 66
Veterinary supplies	9 40
Veterinarian	6 00
Balance in favor of Moore Farm	5,387 65

\$20,110 95

MOORE FARM REPORT 1923

CREDITS

By 258 bu. String beans @ \$1.50	\$ 387 00
129 bu. Butter beans (in hull) @ \$2.00	258 00
25 bu. Beets @ \$1.50	37 50
13,800 lbs. Cabbage @ .02 3-4 and .02 1-2	352 87
577 Canteloupes @ .10	57 70
2220 heads Collards @ .10	222 00

843 + bu. Corn (in ear) @ .90, \$1.06 and \$1.10	803 49
7 bu. Shelled corn @ \$1.00, \$1.16 and \$1.30	8 22
Cotton sold	280 90
Cotton seed sold	17 10
61 bu. Cucumbers @ \$1.00	61 00
Hauling	73 50
Hay sold	123 70
Hulls sold	20 00
202 bu. Irish potatoes @ \$1.00 and \$1.25	222 50
230 bu. Okra @ \$2.00	460 00
193 bu. Onions and tops @ \$1.50	289 50
34 bu. Green peas @ \$6.75	229 50
300 lbs. Dried peas @ .04	12 00
3705 lbs Pork @ .12 1-2	463 12
1486 bu. Sweet potatoes @ .75	1,114 50
72 bu. Radishes @ \$1.50	108 00
478 doz. Roasting ears @ .20	95 60
569 bu. Salad (rape, turnip and mustard) @ .65	369 85
Shucks sold	173 18
158 bu. Squash @ .50	79 00
Oat straw sold	143 00
546 gal. Syrup @ .55	300 30
130 1-2 bu. Tomatoes @ \$1.75 and \$2.75	243 37
2121 bu. Turnips and tops @ .70	1,484 70
8216 Watermelons @ .20	1,643 20
4 Cords wood @ \$2.00	8 00
Implements and machinery on hand December 31, 1923	1,453 35
(13) Work animals on hand December 31, 1923	1,470 00
Feed on hand December 31, 1923	6,015 80
Hogs on hand December 31, 1923	1,029 50

\$20,110 95

REPORT OF ARCHITECT

January 1, 1924.

To the Board of Regents: South Carolina State Hospital, Columbia, S. C.

Gentlemen:

A report of the permanent buildings erected and improvements made during the year is herewith submitted.

The construction of extension to kitchen, providing facilities for cleaning vegetables, which was under construction at the time of the last report was completed early in the year.

A four room cottage was built for the electrician, a five room cottage for the assistant engineer, and two five room cottages for members of the Medical Staff.

A new copper hood and ventilating system has been installed in the main kitchen.

Two additional stairways were built on the outside of the Old Asylum building. These were constructed of wood, and were built at a minimum cost to provide additional exits.

Plans and specifications were drawn for a Ward Building to be built at State Park to be occupied by colored male patients. Bids for the construction of this building were received and considered by your Board at its meeting in July. Contract for the construction of the building was awarded the Caughman Contracting Company. The contract for the plumbing was awarded to W. B. Guimarin and Co., and for heating to A. W. Holler Company. Work was begun on this building in August, and at this time the contractors are satisfactorily progressing with the work, and if nothing unforeseen happens the building should be completed and ready for occupancy by May 1, 1924.

The bid submitted and accepted by the Board was very reasonable, making this building cost \$650.00 per bed, which is less than the amount estimated. The building is a two story brick ward building constructed entirely fire proof and arranged and equipped to care for 200 colored patients.

This building is the second of a group of ward buildings to be provided at State Park for the care of the colored patients now

housed at the Columbia institution. As previously reported, the white male wards are overcrowded and this condition has continued to increase. It was recommended that the most economical manner in which to extend the wards for white male patients would be to build wards at State Park with capacity sufficient to remove the patients from the Parker Building. The appropriation was not sufficient to construct these wards, but a ward building having a capacity of 200 beds has been provided at State Park. It is recommended that the colored male patients now in the Parker Annex, numbering about 120, together with about 80 patients from the Parker Building, be moved into this building. This will relieve the crowded condition of the patients in the Parker Building, and will make the Parker Annex available to the white male patients.

Before utilizing the Parker Annex for white patients a certain amount of repairs is necessary—new plumbing and a heating plant should be installed. In the scheme of development adopted this building will be later used as industrial shops for white patients.

If the policy of segregating the races is to be carried to completion it is necessary to continue the erection of buildings at State Park to care for all of the colored patients, as was fully outlined in the Ninety-seventh Annual Report of the Board.

After 200 male patients are removed from Columbia the colored patients will be housed as follows:

	Men	Total
Parker Building—Columbia	280	
Laundry Bldg.—State Park	120	
New Ward Bldg.—State Park	200	600
<hr/>		
	Women	
Present Ward Bldg. State Park	341	
Old Asylum Bldg.—Columbia	180	521
<hr/>		
		1121

With the present census there will still remain 460 colored patients at the Columbia institution.

The laundry building at State Park was temporarily arranged eight years ago to take care of 100 male patients to relieve the



crowded condition of the wards in Columbia and now houses 120 patients.

The present building at State Park should have only 250 patients, but is crowded up with 341 patients.

The most efficient and economical manner in which to develop the segregation of the races and to provide sufficient building facilities depends upon the appropriation made for this purpose. However, if the usual appropriation is made it is recommended that a Ward Building be built at State Park to house the patients remaining in the Parker Building. This will remove all colored male patients to State Park, and will make the Parker Building available for development for white male patients.

Your Board is thoroughly familiar with the ultimate plan which has been worked out for the buildings necessary to care for the patients in your charge, and it is not necessary to go further to recite the urgent necessity for pushing the building program.

Respectfully submitted,

LAFAYE & LAFAYE,
Architects.